

Customer No. 26308



3762\$
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Aboul-Hosn Attorney Docket No.: 9261.16761-DIV
Serial No.: 09/669,104 Examiner: J. Machuga
Filed: 25 September 2000 Group Art Unit: 3762
For: Single Port Cardiac Support Apparatus

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450



AMENDMENT TRANSMITTAL

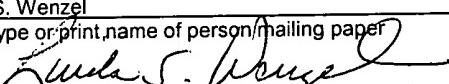
1. Transmitted herewith is an amendment for this application.

2. Applicant is	STATUS	RECEIVED
<input checked="" type="checkbox"/> a small entity		JAN 30 2004
<input type="checkbox"/> other than a small entity.		TECHNOLOGY CENTER 1400

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed as follows: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Date: 20 January 2004

Linda S. Wenzel
Type or print name of person mailing paper

(Signature of person mailing paper)

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(c)*	5	-20 =	(15)	x \$ 9.00	\$0	\$0
Independent Claims (37 CFR 1.16(b)**	2	-3 =	(1)	x \$ 43.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(d))				\$145.00	\$0	\$0
Total Additional Fee					\$0	\$0

* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: *"After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added).*

(complete (c) or (d) as applicable)

(c) No additional fee for claims is required.

OR

(d) Total additional fee for claims required \$_____.

FEE PAYMENT

5. Attached is a check in the sum of \$ 390.00 (includes IDS transmittal) _____.

Charge Account No. _____ the sum of \$ _____.

A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [x] If any additional extension and/or fee is required, charge Account No. 06-2360.

AND/OR

- [x] If any additional fee for claims is required charge Account No. 06-2360

Patricia A. Limbach
SIGNATURE OF ATTORNEY

Reg. No.: 50,295

Patricia A. Limbach
TYPE OR PRINT NAME OF ATTORNEY

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